

acknowledge that the employer-based system of health coverage that worked back in 1945 no longer makes sense for 2007. We can acknowledge, as I have done today, that I think Democrats are right about making sure that everybody gets covered and Republicans are right about promoting personal responsibility and more personal involvement in making health care choices. We can end 13 years of ducking on health care, 13 years of slapping Band-Aids on health care, and roll up our sleeves and go to work. A lot of it—and I know the distinguished President of the Senate has been to many community meetings in his home State of Virginia—simply means following up on what constituents say at home.

Every time health care comes up when I have community meetings somebody usually says, "Well, I guess we ought to go to what is called a single payer system. You know, one where the Government essentially runs it and you don't have these private insurance companies."

After somebody at a town meeting says we ought to have a single payer system, somebody else says, "No, we already voted on that." In fact, Oregonians did. They voted against a single payer system by more than 3 to 1 just a few years ago.

But the other speakers say, "We don't want all that Government. We don't want the Government to make all the decisions."

So after a bit, somebody raises their hand at one of my townhall meetings and says, "Ron, what we want is what you Members of Congress have. We want health care coverage like you have."

Then everybody in the room shakes their head in agreement.

So much of what I propose in the Healthy Americans Act comes from those townhall meetings that I hold in all of Oregon's 36 counties. I have an approach that guarantees benefits like Members of Congress have; that is delivered in the same way; and that can actually be implemented with the very first paycheck that a worker gets under the new system.

Part of the reason I have written this legislation as I have has been to ensure that the Congress and the Federal Government could pick up some lost credibility on health care. My sense is that after the debate of 1994 on health care in America a lot of Americans said: The United States Congress can't figure out how to put together a two-car parade let alone a reform that involves one-seventh of the American economy.

That is why I have written this legislation so it can be understood and the effects can be seen from the time the very first paychecks go out under the legislation. The legislation works in a way that will be attractive to both workers and employers.

So I have spent a lot of time listening to my constituents as I brought together the various principles that are contained in the Healthy Americans

Act. I know colleagues in this body have other ideas.

I would like to wrap up by simply saying I think health care has been studied enough. It has been commissioned. It has been blue-ribboned. It has been the subject of white papers, blue papers, pink papers, papers of every possible description. It is time for the Senate to act. The Senate has ducked on health care for almost 13 years. Health care and Iraq are the driving issues that our citizens care about most. It is time to fix health care, and I think with the Healthy Americans Act, this body can get the job done.

Mr. President, I yield the floor, and I note the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. WYDEN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

ORDER OF PROCEDURE

Mr. WYDEN. Mr. President, I ask unanimous consent that the time today from 4:30 to 5:30 be equally divided and controlled between the two leaders or their designees, and that 10 minutes of the majority's time be allocated to Senator FEINGOLD.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. WYDEN. Mr. President, I ask unanimous consent that the majority leader be recognized at 12:30 p.m. today.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. WYDEN. Mr. President, I note the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. GRASSLEY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

PRESCRIPTION DRUGS

Mr. GRASSLEY. Mr. President, I am going to proceed in morning business, but I want to welcome the new Senator from Virginia to the Senate. I look forward to serving with him. I am sorry that maybe the Senator's first time being in the chair he has to listen to my speech, but I am very glad to have the opportunity to speak to you and Members of the body and the people of the United States about a very important issue that is going to be coming before us. This is an issue that I have been speaking about for the last sev-

eral days on the floor. In fact, I think 4 days last week I did. I talked about the Medicare prescription drug benefit and the so-called prohibition on Government negotiation with drugmakers for low prices. I spent time doing that because people need to understand that some proposals could have drastic consequences, not only for Medicare and the beneficiaries of Medicare but also for anyone else who buys prescription medicine.

I want to make this very clear because when you are talking about seniors and the disabled on Medicare, and on prescription drugs, you might get the impression that we make a decision here, and the only people it is going to affect are those on Medicare. But I hope I made it very clear last week, and I am going to go over this again today.

In other words, if we change Medicare in this instance dealing with the prices of prescription drugs, it will increase prices of prescription drugs for everybody. It is not going to impact just those on Medicare, the decisions we make. I have said it before, and I say it again: Having the Government negotiate drug prices for Medicare might be a good sound bite, but it is not sound policy if it is going to increase the price of prescription drugs for everybody regardless of age in the United States.

I think the House bill, which is numbered H.R. 4 and passed the House last week, very definitely falls into that category. It may be a good sound bite. It may be very politically beneficial. But a good sound bite is not good policy. It will be bad for Medicare beneficiaries and other consumers of prescription drugs.

That outcome was voiced by witnesses just last week when they appeared before the Senate Finance Committee, chaired by the Senator from Montana, Senator BAUCUS.

At that hearing, one of the witnesses, Dr. Fiona Scott Morton, a professor of economics at Yale University, made a key point about the size of the Medicare market and when you deal with the price that Medicare recipients pay for drugs, the fact that it has negative consequences for everybody else in America.

She pointed out that of course we all want to obtain discounts for drugs for seniors. But she said:

With close to half of all spending being generated by those seniors, whatever price they pay will tend to be the average price in the market.

Her point is, if you are half of the market, the math makes it virtually impossible for your prices to be below average. Dr. Scott Morton said that because Medicare is so large, if drugmakers had to give it the lowest price they give any customer, they would have a strong incentive to increase their prices for everybody else.

Professor Scott Morton also stated:

This approach to controlling prices harms all other consumers of pharmaceuticals in the United States and is bad policy.